

<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>A</p> <p>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</p> </div> <div style="width: 30%;"> <p>SERIAL NO. 10/174604</p> <p>APPLICANT(S)</p> </div> <div style="width: 30%;"> <p>FILING DATE</p> </div> </div>													
CLAIMS													
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51					
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46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.								TOTAL IND.					
TOTAL DEP.								TOTAL DEP.					
TOTAL CLAIMS								TOTAL CLAIMS					